## BEST AVAILABLE COPY

Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

58255, 80 29

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE  O			OTHER THAN		
TOTAL CLAIMS			28		100	and the second		RATE	FEE	Ŭ 	RATE	FEE	
FOR			NUMBER FILED			ER EXTRA	ļ	BASIC FEE	355.00	OR	BASIC FEE		
TOTAL CHARGEABLE CLAIMS			2-2 minus 20=		•	8		X\$ 9=		OR	X\$18=	144	
INDEPENDENT CLAIMS			( mir	nus 3 =	0		Ī	X40=		OR	X80=	_	
MULTIPLE DEPENDENT CLAIM PRESEN				SENT			I	+135=		OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	854	
7./6. CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL ENTITY OF			OTHER THAN R SMALL ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	•.	RATE	ADDI- TIONAL FEE	
	Total	. 26	Minus	•• 🖒	48	=		X\$ 9=		OR	X\$18=		
	Independent	· 3	Minus	•••	3			X40=		OR	X80=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=	0 - 1 CAP	ÖŘ	+270=	र होती <del>सङ्गेर</del> ्य		
<u> </u>		(Column 1) CLAIMS REMAINING AFTER	1.5	HIGI NUA	mn 2) HEST MBER IOUSLY	(Column 3) PRESENT EXTRA	﴾ ا ا	RATE	ADDI- TIONAL		ADDIT. FEE	ADDI- TIONAL	
AMENDMENT	Total	AMENDMENT	Minus		FOR	EXITE .		X\$ 9=	FEE	OR	X\$18=	FEE	
	Independent		Minus	***		=		X40=	• • 175.	OR	X80=	2 321 ( 9-2 )	
<u> </u>	FIRST PRESE	NTATION OF M	ULTIPLE DEP	ENDEN	T CLAIM		1	+135=		OR	+270=		
								TOTAL ADDIT, FEE	Э.	OR	TOTAL ADDIT, FEE		
<i>*</i>		(Column 1)			ımn 2)	(Column 3)	0		,			•	
AMENDMENT.C	ພ <sup>າ</sup> ນ ພ	CLAIMS REMAINING AFTER AMENDMENT		NUM PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI: TIONAL FEE	
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent		Minus	•••		-		X40=		OR	X80=		
Ľ,	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						<b>'</b>	+135=		OR	+270=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."													
•••	Is the Will-back No.	mber Previously P aber Previously Pa	Paid For IN THI	S SPACE	is less th	an 3. enter "3."			propriate bo	x in co			